



Information and Education Resources for Medicare Providers, Suppliers, and Physicians

Provider Types Affected

All Medicare physicians, providers, and suppliers

Provider Action Needed

This article is informational only and is intended to notify Medicare physicians and other providers about the information and education resources that the Centers for Medicare & Medicaid Services (CMS) have developed to help meet their Medicare business needs.

Background

One of the goals of CMS is to give Medicare's 1.2 million physicians and other providers the information they need to understand the program, be aware of changes, and bill correctly. By making information and education resources easily accessible, understandable, and as timely as possible, physicians and other providers will be better able to submit bills correctly the first time, receive reimbursements more quickly, and spend less time dealing with paperwork. All of this can result in more time to spend on patient care. We are committed to accomplishing this goal by offering Medicare physicians and other providers a variety of educational products and services and using various information delivery systems to reach the broadest and most appropriate audiences possible.

Three-Pronged Provider Information and Outreach Approach

CMS relies on the cooperative efforts of its Medicare contractors, Regional Offices, and Central Office provider communications staff to deliver a seamless information and outreach approach to Medicare physicians and other providers.

1) Medicare Contractors

Medicare contractors, also called Fiscal Intermediaries and Carriers, serve as the primary point of contact for most Medicare physicians and other providers. These contractors provide toll-free telephone lines for inquiries, conduct outreach and education, and often interact with local professional associations. Their outreach and education activities include in-person seminars, bulletins and newsletters, speaker appearances, and quick dissemination of timely information via websites and provider-specific electronic listservs (mailing lists).

If you have questions about the Medicare Program, you should first get in touch with your Fiscal Intermediary or Carrier. To find Fiscal Intermediary and Carrier contact information, please visit:

http://www.cms.hhs.gov/medlearn/tollnums.asp

Disclaimer

This article has been prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

2) CMS Regional Offices

Staff at CMS' Regional Offices are active with the physician and other provider communities at State and local levels through their relationships with State and local associations and big billers, and through outreach activities such as hosting provider-oriented meetings and furnishing speakers at professional conferences. CMS' Regional Offices play a key role in resolving issues that physicians and other providers cannot get resolved.

CMS Regional Offices are located at various locations around the country. You can find their contact information at:

http://www.cms.hhs.gov/about/regions/professionals.asp

3) CMS Central Office in Baltimore, Maryland

The provider communications staff at the CMS Central Office work closely with both Medicare contractor and Regional Office staff to ensure that consistent and coordinated Medicare information and resources are available to all physicians and other providers. Education and outreach activities from the CMS Central Office focus on accuracy, consistency and timeliness. Given the hectic schedules of today's health care professionals, most of our current initiatives are aimed at fostering a "self-service" environment so that physicians and other providers can access information and education 24 hours a day, 7 days a week. As a result, we have significantly increased the use of the Internet as a key tool for continuous-improvement customer service.

Our efforts have resulted in a variety of products and services, such as:

- Medlearn Matters Articles ~ One of the best sources for the latest Medicare information is "Medlearn Matters...Information for Medicare Providers" national articles, which are available at http://www.cms.hhs.gov/medlearn/matters. These articles are designed to give physicians and other providers and their staff easy to understand information related to new and recently changed Medicare rules and policies. On the Medlearn Matters web page, you'll find a sortable table for easy access to each article and its corresponding Program instructions, if applicable. You can join the Medlearn Matters listsery to receive electronic notification when new articles are released.
- Medicare Learning Network ~ The Medicare Learning Network (MLN) is the brand name for official CMS physician and other provider educational products and is designed to promote national consistency of Medicare provider information developed for CMS initiatives. Products range from web-based training courses, comprehensive training guides, brochures, and fact sheets to CD-ROMs and videos. All MLN products are free of charge and can be ordered or downloaded from the Medlearn Web page located at http://www.cms.hhs.gov/medlearn.
- CMS Provider Web Pages ~ CMS has designed provider-specific web pages to assist individual physician and other provider types in obtaining information relevant to them more quickly. These web pages are a customized, one-stop web-based resource for the provider, supplier, and physician audience that also includes highlights on items such as new regulations and hot topics, links to general information on enrollment, billing, conditions of participation, publications, education, data, and statistics, and links to "specialty" information. We also have Specialty Physician web pages where we will continue to add links of special interest to physician specialties. The first Specialty Physician Web Page, "Medicare Information for Anesthesiologists," is available at http://www.cms.hhs.gov/physicians/anesthesiologist/default.asp.

From the CMS Home Page at http://www.cms.hhs.gov, you can access select physician and other provider pages from the "Professionals" drop-down menu. You can also see a complete listing of available provider and supplier web pages by clicking on http://www.cms.hhs.gov/providers or http://www.cms.hhs.gov/suppliers.

- Listserv Messages ~ CMS has a number of listservs that transmit important Medicare notices and reminders to subscribers. For example, listservs have been established for most provider-specific web pages as well as for updates on the Medicare Prescription Drug, Improvement and Modernization Act of 2003, the Medicare Learning Network, and the Quarterly Provider Update. To view and subscribe to one or more listserv, please visit http://www.cms.hhs.gov/mailinglists.
- Open Door Forums ~ CMS is very interested in hearing from and interacting with the physicians and
 other providers who deliver quality health care to our nation's beneficiaries. We continue to emphasize
 our responsiveness through an ongoing series of Open Door Forums that provide an environment for
 interactive dialogue. Forums are chaired by senior-level Agency officials and co-chaired by CMS
 Regional Office officials. For more information, please visit http://www.cms.hhs.gov/opendoor.
- Exhibit Program ~ CMS hosts exhibit booths at provider, supplier, and physician association
 meetings. The CMS Exhibit Program provides an excellent opportunity for CMS Central and Regional
 Office staff to have direct contact with the Medicare provider, supplier, and physician community to
 listen to issues, concerns, and challenges and to share timely and relevant information. If you are
 interested in having a CMS exhibit at your national conference, please contact David Clark at
 dclark@cms.hhs.gov.

Physician and Other Provider Feedback

Although we try our best to be responsive to the Medicare physician and other provider community's education and information needs, we can't do it alone. Your feedback on the effectiveness and usefulness of our educational resources is very important to us as it helps ensure that we are "getting it right." Please submit your comments or suggestions at http://www.cms.hhs.gov/providers by selecting "Feedback" from the blue template located at the top of the page. There is also a feedback link on the Medlearn web pages for your suggestions on new educational products at http://www.cms.hhs.gov/medlearn/suggestform.asp. We look forward to hearing from you!



The Comprehensive Error Rate Testing (CERT) Program CERT Documentation Contractor (CDC) Medical Record Request and Receipt Function

The Centers for Medicare and Medicaid Services (CMS) receives in excess of 2 billion claims per year from Medicare Fee-for-Service physicians, providers and suppliers. CMS implemented the CERT program as part of its efforts to comply with the Improper Payment Information Act (IPIA). The CERT program calculates the error rate for Medicare claims submitted to Carriers, Durable Medical Equipment Regional Carriers (DMERCs), and Fiscal Intermediaries (FIs) to improve the quality and accuracy of Medicare Claims submission, processing, and payments. The CERT Documentation Contractor is responsible to CMS and the CERT program for the request, receipt, imaging and storage of medical records. As part of the Medicare program, it is of the utmost importance that providers assist CMS in its error rate reduction efforts by complying with requests for medical records made by the CERT Documentation Contractor. If a provider fails to submit the documentation requested by the CERT Documentation Contractor, the claim is scored as an error and an overpayment letter requesting refund of payment received for the "erroneous" claim.

- PLEASE respond promptly to all requests from the CERT Documentation Contractor, do not ignore them.
- Submit ALL the documentation requested.
- Physicians, providers and suppliers do not need to obtain additional beneficiary authorization to forward medical records to the CERT contractor. Be assured that forwarding specifically requested records to the designated CERT contractor does not violate privacy provisions under the Health Insurance Portability and Accountability (HIPAA) law.

The CERT Documentation Contractor Call Center may be reached at:

Service Representatives are available between the hours of 8:00 am to 8:00 pm Eastern Time. Fax is the preferred method for delivery of requested medical records. Lengthy medical record documentation may be sent via mail to their office address at:

CERT Documentation Office 9090 Junction Drive Suite 9 Annapolis Junction, Maryland 20701.

A provider who wishes to update or change contact information for the CERT program should contact their Carrier/DMERC/FI as well as the CERT Documentation Contractor. In the future providers will be able to update or make changes to their information on the CERT provider's website at www.certprovider.org.